



PLEASE PRINT CLEARLY

15. Have you ever brought animals to an animal shelter? ☐ Yes ☐ No If yes, why? _____

16. Do you or anyone living in your household have allergies to pets? ☐ Yes ☐ No

If yes, to what types of pets are you/they allergic? _____

17. Do you have any pets at this time? ☐ Yes ☐ No

If yes, please list their information below. If needed, ask for additional paper to list all animals.

What kind of animal is it?	Name	Age	Is it spayed/neutered?	Does it live primarily inside, outside or both?	Is it current on its rabies vaccination? (proof required)	Does your dog have a current county license?

18. Have you had any other pets within the past 3 years? ☐ Yes ☐ No

If so, what were they and what happened to them *(please be specific)*? _____

19. Who is your current veterinarian? _____ Phone: _____

20. What prompted you to come to the shelter today? ☐ LCAS website ☐ Facebook

☐ Family/Friend ☐ Newspaper ☐ Radio ☐ Community Event ☐ Veterinarian

☐ Other *(please be specific)*: _____

About the Small Animal I Wish to Adopt:

1. Have you ever owned this type of pet before? ☐ Yes ☐ No

2. This pet will live primarily: ☐ indoors ☐ outdoors ☐ both indoors and outdoors

3. Please describe in detail what type of cage/area you will confine this animal in *(room, size of cage, etc.)*: _____

4. Do you understand that we may not have an accurate estimate of the age of the pet you are adopting, and that life spans of small companion animals can vary widely *(for example, some rodents live a few years while some birds can live over 50 years)*? ☐ Yes ☐ No

5. Are you aware that it could take several weeks *(at least)* for the pet to become adjusted to you, your home, and your other animals? ☐ Yes ☐ No

6. Why do you want to adopt this particular pet? _____

7. What kinds of behavior would you find undesirable from this pet? _____

8. What would you do if the pet you adopted began demonstrating such behavior? _____

9. Do you understand & agree that this animal is to be kept as a companion animal only? ☐ Yes ☐ No

10. Do you understand and agree that if for some reason you can no longer keep this pet, you must return it to Loudoun County Animal Services? ☐ Yes ☐ No

11. Name of LCAS adoption counselor who showed you the pet you wish to adopt: _____

Please read carefully and initial each of the following statements. Then, sign below.

_____ I certify that I have never been convicted of animal cruelty, neglect or abandonment, as required pursuant to Virginia Code Section 3.1-796.96 and Section 612.16 of the Codified Ordinances of Loudoun County.

_____ I understand and agree that the Loudoun County Department of Animal Services makes no representations or guarantees about any animal's health, temperament, and/or behavior. All applicants further understand and agree that any information about an animal (i.e. "animal is good with children," "housebroken") is based upon information provided by the previous owner and is believed to be true. All applicants understand and agree that the Loudoun County Department of Animal Services and the County of Loudoun are not liable for any future injury or damage which may be caused by this animal.

_____ I understand and agree that I have a legal obligation to provide the animal I am adopting with whatever prompt veterinary intervention the animal needs to avoid pain and suffering, at my own expense, including any conditions known to the Department, such as: _____. I understand that the Loudoun County Department of Animal Services will not be responsible for any medical expenses once the animal leaves the shelter.

_____ I certify that all information provided herein is correct and accurate to the best of my knowledge and that should any information change I will immediately contact the shelter, and I understand that my application may be denied if any of the information provided herein is false.

_____ I understand that each adoption is subject to a nonrefundable hold deposit which is required at the time of application and that the deposit will be applied to the adoption fee, but will not be refunded should I choose not to proceed with the adoption.

Applicant's signature: _____

Date: _____

Co-owner's signature: _____

Date: _____

Staff Use Only

Animal ID#: _____ Breed: _____ Color: _____

Age: _____ Sex: _____ Name: _____ Date Available: _____

Adoption Fee: _____ ***Hold Fee:** _____ **Balance Owed:** _____

**Hold Fee Paid By:* ☐ Cash ☐ Credit Card ☐ Check (Check No.: _____)

Finalize Appointment Date & Time: _____

Adopter has been notified that he/she will need:

- ☐ Landlord's/Property Manager's written permission
- ☐ Home check
- ☐ Proof of current pets' vaccination/licensing status
- ☐ Signature/approval of co-applicant
- ☐ Out-of-county agency check (specify County, State): _____
- ☐ Behavioral consultation (specify appointment date/time) _____
- ☐ Other: _____

Application Review:

☐ Computer Checked ☐ Home Check Ordered

☐ **Adoption APPROVED**

☐ **Adoption Approved PENDING:**

☐ LLD approval

☐ Co-applicant signature

☐ Current animals: proof of vaccinations/license(s)

☐ County agency check

☐ Other: _____

☐ **Adoption DENIED** due to: _____

Reviewer's signature: _____ Date: _____